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H. T. WEBSTER, M. D., EDITOR.

H. B. MEHRMANN, M. D., ASSOCIATE EDITOR.

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The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly at 4 o'clock P. M., on the second Thursday of each month, at the office of Geo. G. Gere, M. D., Secretary, 112 Grant Avenue, San Francisco.

ORIGINAL COMMUNICATIONS.

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PSYCHOMETRY, ETC.

BY JOSEPH RHODES BUCHANAN, M. D.

(Continued.)

1. As already stated, psychometry promises an entire revision of the materia medica and an unlimited enlargement of its resources by the facility with which it enables us to discover and estimate new remedies. As examples of its capacity in that way I would mention that it has shown the new remedy of Paraguay tea, (*Ibex Paraguayensis*, or *yerba mate*) the character of which is yet unknown to the medical profession, to be the most valuable pulmonary remedy that we have.

Arnica montana, which is merely used as an external remedy for bruises and injuries, is shown to be one of the most powerful contra-stimulants, rivaling in that respect the *veratrum viride* and *aconite*, and especially efficient in inflammation of the lungs. The seeds of the honey locust prove to be the most efficient agent ever discovered in inflammation or irritation of the stomach, while the

flowers of the dandelion (*ceanothus taraxacum*) and the root of the angelica prove to be the most beneficial assistants of the digestive functions. Verbum sap!

2. The psychometric faculty is still more important as an aid to diagnosis, solving problems which continually arise in reference to obscure diseases, and giving an insight into the exact conditions of disease, the sensations of the patient and the condition of the vital forces, when these conditions have eluded all other methods of investigation. At the same time, by the exact appreciation of the conditions of disease and the essential nature of the remedy, it will give a precision in therapeutics to be approximated only by the methods of Hahnemann.

I believe that this method is superior to the homeopathic, because it is not limited to a single method of therapeutic laws, and embraces a wider scope of therapeutic agencies.

3. While these two functions of psychometry promise a revolutionary improvement of medical practice, its application to biological questions promises a still greater revolution in medical philosophy, since psychometry is competent to determine every physiological and psychic function of the human constitution, not with the perception of chemistry and anatomy, but in a manner which is satisfactory to the understanding. In availing myself of this power to corroborate and extend my discoveries by experiments on the brain and body, I have been enabled to prepare very minute maps of the location of cerebral function and busts of a similar nature, as well as the chart of therapeutic sarcognomy, specifying the vital forces subjacent to the surface of every part of the human body. Psychometry gives thus the revelation and demonstration of all psychology and biology, establishing in a harmonious manner a perfect anthropology.

4. The inevitable result of a complete scientific anthropology will arise at once before a competent thinker. It must give the principles of the true education which is competent to lift the world to a higher social condition, as well as the laws of sociology, of which political economy and government are the most conspicuous departments at present, but of which a more important department is beginning to appear.

5. A complete anthropology embodies also the laws of universal expression, not only in oratory, histrionics, and manners, but in all human art, and all natural or artificial scenery, the outlines of which have often been sketched in my lectures. The intuition and observation of a Delsarte, and of many painters and sculptors and critics, have approximated, but necessarily could only approximate, the truth of such science which has its deep foundation in the constitution of man, and can be found nowhere else.

6. Psychometry promises an unlimited enlargement of our knowledge of natural history, geology, paleontology, and astronomy, and of this, in addition to my own experiments, I think sufficient evidence has already been given in "The Soul of Things," three volumes, by my lamented friend and pupil, Prof. Wm. Denton, whose early death was an invaluable loss to science.

7. Psychometry, as shown in the "Manual of Psychometry," gives us access to all history, whether of individuals or nations, rectifies errors, reveals the origin and relative truths of systems of religion, establishes the existence of the spirit world, and its relation to humanity, and in that dispels the last cloud of ignorance and superstition, as sunrise dispels the darkness of night. Is not this enough? Yes, it is not the whole, but far more than enough, for the magnitude of a truth or discovery repels instead of attracting the mass of educated people, for they have far more respect for the little territory of knowledge which has been exposed and occupied by mankind, than for the limitless realms beyond. The starry universe is an insignificant thing to the profoundly ignorant, to whom this globe is all, and the same feeling inspires millions who, in spite of education, do not realize how greatly the infinite realm of divine wisdom and boundless mystery transcends the present sphere of university thoughts, and how great must be the change from the present century to that future century which is destined to look back on this with the same pity that we accord to the skin-clad barbarians whose lives antedate all history.

Statements so extraordinary as the foregoing require for their free acceptance the corroborative evidence of their verification by

others than the discoverer, and their confirmation by the impartial investigation of those who occupy different standpoints, whose skepticism would render them prompt to detect any error. Exact science maintains its position by the unanimous consent and agreement of all rational minds, and sciences which are not exact or mathematical still obtain a general concurrence in their fundamental principles.

In reference to the new anthropology I have found a remarkable degree of unanimity in its acceptance by all who have given it sufficient attention to become acquainted with its principles and facts, and I yield to the necessity of referring to such indorsements, as the reader has a right to know whether I stand alone in asserting the claims of a new science, or whether it has sufficient demonstrability to careful acceptance wherever it is presented.

In the first months of my discovery, in 1841, I gave a few public experimental demonstrations, which were successful, but for obvious reasons did not repeat them, preferring to confine such demonstrations to classes for instruction or committees of investigation. During these forty-five years I have never had a class of students, or listeners, who have not (unanimously, as far as I know) yielded their assent to my demonstrations, which were invariably made upon the members of the class and not upon subjects brought in for the purpose.

As a large portion of these were educated physicians or persons occupying an honorable position in society, I consider their testimony very valuable. I recall the names of twelve medical professors who were subjects of my experiments, and concurred with me in their results, seven of whom are known as medical authors.

The sentiment among physicians who were my auditors may be shown by quoting the expression of the class of '49-'50, Professor Warriner, M. D., being chairman, in reference to the course given in the Eclectic Medical Institute, then the leading college in Cincinnati, viz.: "While we, therefore, gratefully accord distinguished honor to the labors of Doctor Gall and his coadjutors, we do at the same time regard the contributions which have been

made to anthropology by Doctor Buchanan as far exceeding those of his predecessors; direct experiments on the uninjured brain of the waking, conscious subject compelling a display of its powers, can alone develop fully the functions of this noblest organ. By this means, facts in physiology apparently discordant are readily harmonized, and laws previously unknown are clearly exhibited. Many of us at the commencement of this series of lectures were skeptical as to the impressibility of the subject in the waking state, but we take pleasure in announcing that the remotest doubts were dispelled. We have seen the subject deprived of muscular power; we have witnessed a great increase of his strength; we have seen any faculty of the mind heightened or subdued at pleasure; we have personally performed many of the experiments set forth in the *Journal of Man*, and can testify, as can many in this city who have witnessed our experiments in private circles, that the half has not yet been published to the world."

The anthropological doctrines and philosophy taught from my chair, so far as they related to practical medicine, were recognized and sustained by the Faculty, and their importance set forth in every annual commencement during the ten years of my service in this college. Prior to its establishment I was for a few years (1842-45) engaged in propagandism, receiving everywhere the most positive and eulogistic testimonials in response to my presentation of the subject. The investigative committee, appointed at a public meeting of citizens in New York, in 1842, of which the famous poet and editor, William Cullen Bryant, was chairman, reported an extensive description of my experiment, concluding with the statement that "the committee have had sufficient evidence to satisfy them that Doctor Buchanan's views have a natural, experimental foundation, and that the subject opens a field of investigation second to no other in immediate interest and in promise of important future results to science and to humanity." This report was deemed so important as to be issued in an *extra* by Mr. Bryant's newspaper, the *Evening Post*, and the leading monthly at that time, the *Democratic Review*, referred to my discoveries as making insignificant by comparison those of Majendi and Bell.

In Boston, soon after, I carried out a course of demonstrative experiments before a committee of physicians, showing not only the excitability of mental organs, but the control of the pulse through the brain, and their report of the success of the experiments made upon one of their number was published in the *Boston Post* and other papers in 1843.

The first publication of my experiments in 1841 was reproduced throughout the United States by the press, and at many places in America and Great Britain my experiments were repeated, but in nearly all cases, instead of following my methods they made such experiments in the hypnotic condition, which is so liable to illusion as to destroy their scientific value. "Phreno magnetism" was the term they used, but which was never employed by myself for my experiments.

The first important report published upon them was made by the late Robert Dale Owen, in 1841, in which report, after giving a very interesting description of the experiments, he looked forward to the time when the discovery, and its author, would occupy the highest rank in the history of philosophy and philanthropy. A full report upon my experiments was made in the summer of 1843, by the Faculty of the Indiana State University, at Bloomington, in which they were discussed "as illustrations of the most startling discovery ever made in the science of man, the consequences of which are too extended to be foreseen."

I might quote from the *New York Medical Advocate*, whose editor attended my lecture and realized my experiments on his own person, substantially the same expressions as those of Professor Winterburn; and I might add equally decisive language from all who have attended my eight courses of instruction in Boston. But I have said enough to interest sincere enquirers, and no amount of evidence would have any effect in attracting those who regard an exalted and profound philosophy as foreign to their natures.

Anthropology is separated by a vast interval from the thought of to-day, from the opinions and sentiments that are prevalent. Few, indeed, desire to cross that space, and success in the propagation of such a science depends upon reaching that rare class

of independent thinkers to whom truth is more attractive than established opinions.

The *Journal of Man* is at present my organ, and I am preparing "The Outlines of Anthropology," to be issued next year, in which I shall show that the labors of Ferrier, Charcot, Fritsch, and Hitzig, as well as the records of pathology, harmonize well with new anthropology.

PARTIAL DERANGEMENT FROM CONGENITAL PHIMOSIS AND ADHERENT PREPUCE.

BY J. C. ANDREWS, M. D., POMONA, CAL.

I HAVE read in the journals, from time to time, of neuroses such as epilepsy, insanity, and kindred affections, as a result of the above cause, from reflex action upon the spinal and sympathetic nervous system. As we know from the anatomical arrangement of these systems, we have diseases of the different viscera over which they control from irritation of that part of the sympathetic that governs the part affected, and *vice versa*. We may have irritation of the spine from a disease of any portion of the body by reflex action through the same system of nerves. For instance, if we have an irritated larynx, lungs, and heart, we usually find, upon deep examination, we have a tenderness of the cervical portion of the cord; if disease of the stomach and associate viscera, the upper dorsal portion of the cord; if diseases of the kidneys and urinary apparatus, we have irritation of the lower dorsal portion of the cord; in diseases of the uterine or pelvic viscera, there is an irritation of lumbar spine; and in lesions of the reproductive system, the posterior basilar expansion of the cord is affected. Therefore we find that a lesion of any part of the viscera supplied with this system of nerves, produces, by reflex action, an influence on the spinal cord that is not conducive to the well-being of the animal economy; and oftentimes it is not difficult to trace the cause of epilepsy, partial or temporary derangement, by reflex action on the brain and spinal cord, to an irritated glans penis. In all such cases presented for treatment it becomes the intelligent physician to never consider

his diagnosis complete until the penile member is subjected to a thorough examination, and inquiries as to its previous use or abuse.

A case in point will serve to illustrate. Mrs. B. came to me, stating that she had a son, aged fourteen years, who was at times quite deranged; that as he was naturally a very bright lad, they were at a loss to determine the origin of the difficulty, and it was a source of no little anxiety to them. After hearing her story, I informed her it would be necessary to examine the case, which I did, and discovered a congenital phimosis and adherent prepuce, and so informed the mother; also that it was the probable cause of her son's troubles. Her first inquiry was, Can it be cured? and how? being answered in the affirmative; also as to the mode of operating. At the appointed time the lad came, was put upon the table, parts exposed, a swab of cotton wool was saturated with a four per cent solution of cocaine, and inserted under the prepuce well back, and allowed to remain for a few moments, when it was removed, and a grooved director was inserted under the prepuce back to the sulcus, behind the coronal glandis, with sufficient force to make known its location, and with a sharp-pointed bistory transfixed the integument and mucous membrane at a point corresponding with the director, and slit the prepuce to its end, when the flaps were laid over, and discovered at least two-thirds of the surface adhered to the glans, which I peeled off on either side, much as the peel of an orange is removed, when the operation was completed. There was a moiety of pain attending the operation, with scarcely any hemorrhage. The traumatism was bathed antiseptically, and dressed with Mayer's ointment, and in ten days was well. His mind was perceptibly improved at once. The redundant parts seem, as time passes, to disappear or shrink up, thus making an unsightly operation at first one of quite respectable appearance. The integument and mucous membrane were not sutured together, but left to care for themselves.

**LETTER FROM PROFESSOR ALEXANDER
WILDER, M. D.**

NEWARK, N. J., Sept. 19, 1887.

PROF. H. T. WEBSTER, M. D.—*Dear Doctor:* You will please give notice in your JOURNAL of the death of Dr. Samuel S. Judd, President of the National Eclectic Medical Association. This melancholy occurrence took place at his residence, at Janesville, Wisconsin, August 30. Dr. Judd was born at Bethel, Connecticut, March 14, 1829, and so was in his fifty-ninth year. He was a hard-working man, and to him Wisconsin very largely owes her advanced position in eclecticism. He practiced medicine with great success before graduating, but finally entered the Cincinnati Eclectic Medical Institute, and graduated in 1857. For some time he was in partnership with Prof. William Paine, at Warren, Ohio. He settled at Janesville in 1864, and speedily took superior rank as a practitioner.

Prof. William M. Durham, of Atlanta, Georgia, becomes now the President of the National Association. He is a man of great energy and discretion, and though of diffident and unassuming manners, is a most efficient worker and organizer. He won golden opinions from all at the Atlanta meeting, and we believe he will confirm them at Detroit.

I dislike to carp or criticise, but I wish you had not noticed that matter of using titles, on page 406 of your journal. In editing the "Transactions" I have uniformly omitted the application of titles, except that of Dr. or M. D. My own prepossessions are very Quakerish. I dislike to "give flattering titles unto men." I write my own name without a title, except when I conceive it necessary to assert myself against some overbearing influence. Yet I would not, because this is my custom and preference, enforce it upon others who feel differently.

Some years ago, having been solicited to contribute a paper for a magazine across the ocean, the editor desired that I would append to my name all the titles, academic and official, to which I was entitled. "The people over here esteem these things,"

he pleaded, so I obeyed, and, dave as I was, put on every peacock plume I could pick up. At the recent International Medical Congress, at Washington, I noticed that the numerous titles of the foreign doctors were sonorously proclaimed when their names were called. Such is also the case at the conventions of the Episcopal Church. I sometimes think of Jesus Christ as S. T. D., etc., and of Paul as very reverend LL.D., D. D., etc.

The one writer whose case I made an exception, in Vol. XIV of "Transactions of the National Eclectic Medical Association," is of English birth, very intelligent, a good writer and speaker, and personally a worthy and upright man. He had been Professor in the Medical University of Philadelphia, and Secretary of the Eclectic Medical Association of Pennsylvania. Such men we cannot afford to snub, villify, or assail where there is no principle at stake. Our cause needs them, and it is not wise to treat them unkindly. I did hesitate, however, to insert the titles when giving the paper to the printer; but I see no harm in it. Nobody was injured. We were no worse off than the man who let his wife whip him. "It does not hurt me much," said he, "and it seems to do her so much good."

Dr. Wooster Beach did a similar thing. The practice is almost universal among Europeans. To make a fuss over it looks too much like boys at a pool stoning every frog that shows its head. In the twenty-third chapter of Matthew this attention to trifles is compared to "straining at a gnat and swallowing a camel." Have we not more important work to do?

The International Medical Congress, which many persisted in thinking would be as broad and liberal as its predecessors, was far otherwise. The old-code doctors managed it, and the new-code men turned their backs severely upon it. The more significant features of it were the great prominence given to surgery and its numerous specialties, while in materia medica and therapeutics there was great backwardness. Resolutions were adopted reflecting upon the methods of pharmacutists, manufacturers and dealers in proprietary medicines, and intimations given of asking more legal restrictions.

There were eighteen sections, generally conducted with great

ability. There was a large number in attendance, not to mention the greater number out viewing the sights. The foreign members appeared to advantage, and were greatly petted and caressed. Several of them acted a little like spoiled babies. As many must criticise or be out of their element, the beauty of the city and public buildings was praised, but the sidewalks were somewhat berated. Yet this is a very general point of failing. Vol. XV of "Transactions" is in press. I hope yet to hear from California. Yours truly, ALEXANDER WILDER.

SUCCESSFUL ABDOMINAL SURGERY.

BY C. E. CASE, M. D.

IN 1882 Dr. J. Marion Sims, in the *British Medical Journal*, advocated operative interference in gunshot wounds of the abdomen in lieu of the expectant treatment so universally accepted and adopted by the medical profession, and which, in a few seemingly well-authenticated instances, has led to recovery. In 1884 Dr. Charles T. Parkes, of Chicago, instituted a series of operations upon dogs, the results of which he presented to the profession in a paper read by him at the meeting of the American Medical Association, Washington, D. C., in which he also advocated surgical interference in gunshot wounds of the abdomen. In 1885 the first operation upon a human being was performed, since which time the medical journals have recorded cases from the practice of distinguished surgeons throughout the world. Most of the cases, however, have resulted fatally. The operation in Tacoma, on the 3d ult., by Doctors Case and Frank, upon Alfred Huntington, son of Mr. John Huntington, of the firm of Huntington & Litle, is claimed by the doctors as being the first successful case of operation for gunshot wound of the abdomen performed on the Pacific Coast. The boy was shot through the body by a 32-caliber pistol, the ball passing through the boy's liver. The abdominal cavity was opened its whole length, and the injured structures properly cared for. A great deal of blood was found in the abdominal cavity, which was thoroughly

cleansed and all bleeding vessels secured preparatory to closing the abdominal walls by silver wire and catgut sutures. Since the operation, the abdominal cavity has been washed out as often as the temperature indicated any danger of blood-poisoning, a glass drainage tube being left in the abdominal cavity for that purpose. The strictest antiseptic precautions have been observed throughout the operation, and the subsequent treatment, and the boy may be regarded as now out of danger.—*Tacoma Paper*.

TACOMA, W. T., Sept 6, 1887.

EDITOR CALIFORNIA MEDICAL JOURNAL—*Dear Sir*: Inclosed please find account of successful operation for gunshot wound of abdomen. As far as I am aware (and I think I have descriptions of all operations performed throughout the world to date) this is the first successful case performed on the Pacific Coast. If you will please make mention of the fact in your valuable JOURNAL, I shall feel greatly favored. I receive your JOURNAL regularly, and it affords me as much pleasure in its perusal as any of the numerous journals I subscribe for. Please state if I am in arrears to you, and how much, and I will immediately forward the amount to you. Very respectfully yours, C. E. CASE.

P. S. Three months since I performed an operation for fibroid of the uterus, removing the uterus as well. Tumor weighed sixty pounds and nine ounces. Patient lived from 7 P. M. (time of completion of operation) until 11 P. M. The broad ligaments surrounded tumor and were carried up with it and formed a mass of vascularity vessels running in every direction. The greatest attention and care were taken to avoid hemorrhage, which, nevertheless, was not inconsiderable. The bladder was drawn up almost to the umbilicus. Did not evacuate it for some time, as it seemed as a valuable aid in avoiding wounding it. When it was finally evacuated, its contraction permitted easy access to pelvic viscera. The tubes were ligated with coarse aseptic silk, and the abdominal cavity drained through the vaginal roof by means of iodoform gauze packing. Another patient for whom I had previously tapped an ovarian cyst three times, taking from cyst first time six quarts, second time thirteen quarts, and third time about the same as second time, thirteen

quarts, was to permit me to operate upon her by removal of cystoma, but in consequence of the death of my fibroid case she backed out. However, I think she will yet permit me to operate upon her, in which case I will relate to you the particulars.

Inasmuch as I am a graduate of the California Medical College, I thought you would be interested in knowing that to an alumnus of the California Medical College is due the credit of the first successful case of operation for gunshot wound of the abdomen performed on the Pacific Coast.

LETTER FROM L. T. BEAM, M. D.

JOHNSTOWN, Pa., Sept. 21, 1887.

H. T. WEBSTER, M. D., EDITOR AND PUBLISHER CALIFORNIA MEDICAL JOURNAL—*My Dear Doctor*: I send you with this mail a few copies of our local daily newspaper, that you may be informed as to the exact facts in relation to a squabble the eclectics here have been having with the Cambria Medical Society. I have not complete files of the paper from the first to the last of the fracas, but send you what I can now get hold of. I do this because I think it important, if called on to defend the position of the men who, in obedience to our National Association, *went to the front*, even at the risk of being charged by those *who remained at home* with dishonorable motives.

The facts are, briefly: Some eight eclectics were admitted to the International Medical Congress. Some six or eight applied for registration by mail, and were refused registration on the ground of not being members of the regular profession, having sent in credentials from the National Eclectic Medical Association. Among the latter class were Dr. B. L. Yeagley and myself, of this place. Among the former, who applied at the doors of the Congress and were admitted without any difficulty, on presentation of same credential, was Dr. George E. Potter, of this place.

As soon as the allopaths heard here that Dr. Potter had gone to the Congress, the society, by its Secretary, made an assault on Dr. Potter and on the "medical sectarians," "holders of exclusive dogmas," "irregulars," etc., through the local paper, the

Tribune. In the absence of Dr. Potter, it devolved on me (Dr. Yeagly being also absent visiting sick relatives) to repel the attack, which I did. Dr. Potter is a rising young eclectic, and there are some four or more young "regulars" who are very jealous and envious of his success, and one of the number is Secretary of the society. They saw a good opportunity to crush him out. They jumped at the chance as a trout would at the first spring bait. They were not aware at first that Dr. Yeagly and myself had applied for registration; hence they thought the coast clear for a successful onslaught on Dr. Potter in his absence. Accordingly, ostensibly to criticise a minor item in the *Tribune*, they opened fire on the 7th of September, and I replied on the 8th, and a continuous daily fire was thus kept up until September 14, when the Cambria Society failed to come to time—were knocked out—but they invoked the aid of the American Medical Association, by publishing in the same issue in which my last letter in reply to the Cambria Society appeared, an "official" statement from Dr. Toner, Chairman of Regular Committee. This they claimed would clear the whole field.

Dr. Wagoner retired from the contest, as I learned on the 16th, when I asked for space to knock out Dr. Toner and the American Medical Association. It was granted me, so I appeared in the issue of the 17th, since which time I have not heard anything from either antagonist, but public judgment and sympathy are with us. We are on top, and will be greatly benefited by the contest. The fact is, the "regulars" cannot hold out in a fight before the people.

You must remember that I had the whole old-fogy force to fight *alone* up to Tuesday, September 13, when Dr. Potter appeared with his "vindication," having returned on Monday, the 12th, from the Congress. It may be that some of the "regular" journals may take notice of the matter when Dr. Toner "purges" the rolls, as he states in his letter is his intention to do, and it may be that even some of our eclectic journals might seek to place those who risked to *go* or *send*, as a test, in a false position with the enemy. Some pretended eclectics are in sympathy with old-school ethics and methods, and like to whore occasionally

with the old harlot. Our motives were pure. If it was to be an International Medical Congress we would be admitted. If it was to be run by the American Medical Association we would be rejected. This we know. How could the question be tested unless we would apply?

The test has demonstrated that, to the eternal disgrace of the medical profession of America, one faction has control and can manipulate the Congress of the United States and the officials of its Government in the interest of the American school in medicine, and thus trample upon the just rights of the other two schools, a thing that cannot be done to-day in despotic Europe. The matter is to be kept out of our journals. The information is given you to use in defense, as occasion comes up.

BISMUTH, SUBNITRATE, AND MORPHINE IN THE TREATMENT OF DYSENTERY AND DIARRHEA.

BY JOHN FEARN, M. D., OAKLAND.

JUDGING from my own experience there has been considerable bowel difficulty around lately: cholera infantum, diarrhea, dysentery, and typhoid fever with characteristic discharges from bowels. In nearly all of the cases there has been the usual dryness of skin, showing arrest of cutaneous secretion, hardness and frequency of pulse, and the first efforts have looked towards remedying these wrongs. When the irritation in this way has been relieved, then the remedies mentioned at the head of this paper have been used for checking the discharges from bowels; to elucidate I will quote:—

CASE I.—A German lady, age about fifty. When I was called she had been suffering about twenty-four hours; almost constant desire for stool; passages of mucus attended with very great pain, till the woman was almost completely exhausted. Prescribed ipecac in small doses to quiet stomach; prescribed—

R Bismuth, sub nit., grs. XI.
 Morphia sulph., grs. I.
 M. Fiat pulveres, viij.

M. Sig.—One powder after each stool for the first three stools, then less frequently.

The relief was marked after the first powder; she only used about three. Sent me word that evening she was better, not to call again. Next day, through her own indiscretion, had a little return of fever; no bowel difficulty. After a few doses of one of the special sedatives the fever subsided, and she made a good recovery.

CASE II.—A lady about thirty. Had been reduced by trouble and anxiety till she was little better than a skeleton. Present difficulty acute dysentery, complicated with remittent fever. Soreness and tenderness over stomach and bowels; frequent discharges of a jelly-looking mass mixed with blood, each motion being passed with excruciating pain. Prescribed for the fever as per special indications; for the bowel difficulty prescribed—

R Sub nit. bismuth, grs. XI.
 Morphia sulph., grs. I.
 M. Fiat pulveres, no. x.

M. Sig.—One powder after each motion for the first three motions.

After taking two powders she went to sleep and slept most of the night and the next day. The bowels were so much improved that she only used one more powder. Her fever then yielded readily to other remedies.

The next two cases presented a good deal the same features. They were treated with equal parts of bismuth, subnitrate, and diaphoretic powder, three and one-half grains each; one powder, as before, after each stool. The relief was speedy and permanent.

But perhaps someone objects, and says, "Dysentery is a disease of constipation; is it right to treat it with astringents?" My answer is, first, if, on examination, we find that the irritation is due to impacted *faeces*, we will try to overcome this difficulty by removing the cause of the irritation before using bismuth. My answer, in the second place, is, I do not look upon this treatment

as being a purely astringent treatment. From observation and personal experience with this drug I believe it to be a soothing sedative to mucous surfaces, and this is where it helps in these cases, rather than by any astringing properties.

King, in his "American Dispensatory," page 163, says, when speaking of this remedy, "it has a very soothing influence upon irritated mucous surfaces, or when these are in a chronic state of inflammation, and on this account it is very useful in some forms of dyspepsia, chronic gastritis, heartburn, gastrodynia, water-brash, colliquative diarrhea," etc., etc., to all of which I heartily subscribe.

Now for the combination with morphine. I have no special love for morphine, and very seldom prescribe it, but in dysentery where severe pain and tenesmus is a feature, it works well. If there were no pain, only the discharges, the bismuth alone might do the work, but in all cases the combination with small doses of either morphine or diaphoretic powder is much quicker and more effective.

A CASE OF GOITRE SUCCESSFULLY TREATED.

BY JAMES G. MURRELL, M. D., GLENNVILLE, CAL.

I DESIRE to report to the readers of the JOURNAL a treatment for bronchocele which has proven successful in my hands. About two years ago Mrs. M——, wife of one of my old patrons, aged 35, the mother of three children, applied to me for treatment for enlargement of the thyroid gland. Her general health was not good; she was anæmic and nervous; slept poorly, and had little appetite. Her bowels were constipated, but secretion generally was not markedly arrested; menstruation was regular.

The beginning of the enlargement was due, she thought, to a cold contracted about a year before this time, for she noticed slight enlargement soon afterward, and for a few months previous to this time the increase in size had been quite rapid. It always became augmented in size about the time of menstruation.

I found upon inspection that the thyroid body formed an enormous tumor bulging forward as far as the chin in front, and

extending downward to the supra-sternal notch. There was no pain in the part, nor did manipulation produce any unpleasant sensation. The patient was anxious to be rid of the deformity, complaining of nothing else.

I felt somewhat doubtful of my ability to remove the enlargement, but determined to do my best, and, after explaining the character of the case to my patient, promised to use every effort to remove the offending growth.

My first prescription proved sadly ineffectual. It consisted of the following:—

R Tinct. muriate of iron, ℥iij.
 Fl. ext. nux vomica, ℥j.
 Fl. ext. hydrastis can., ℥ss.
 Simple elixir, ad. q. s., ℥iv.

M. Sig.—Take a teaspoonful before each meal, to be alternated with—

R Iodide potassium, ℥iij.
 Syrup stillingia, ℥ss.
 Simple syrup ad. q. s., ℥iv.

M. Sig.—Take a teaspoonful three times a day after meals.

In addition a local application of collodion was made to the enlarged gland, the part being repeatedly painted as fast as one coat dried until several coatings were applied. This was repeated every few days, the object being to maintain constant pressure from the contraction of the substance and thus reduce the enlargement.

Six weeks sufficed to convince all concerned that there was little good in this method, and I resolved on a new departure. The tonic mixture was continued, but the remaining treatment was dispensed with, and I began injecting iodine and ergot into the tumor. About two drops of strong tincture iodine were forced into the part, and in three days the same amount of fluid extract of ergot was substituted, and in three days more the tincture of iodine was repeated, the two being thus alternated. In this manner the whole mass was punctured in different places, and its volume soon began to subside. As improvement continued, I lessened the frequency of the injections, but they were continued at longer intervals until the tumor entirely disappeared, which required about four months. No scar or deformity was left, and the patient continues well at this writing.

SELECTIONS.

TO LIVE ONE HUNDRED YEARS.

ADDISON remarks, in the *Spectator*, that if the lives of philosophers be compared with those of kings and great men (meaning great warriors, rulers, etc.), it would almost seem as if the life of a sage were proportioned differently from the lives of other men. "For," he says, "we find that the generality of these wise men were nearer 100 than 60 years of age at the time of their respective deaths." He attributes the difference to the temperance, and even abstemiousness, which most of the ancient sages practiced, which philosophers of modern times have recognized as involving the true secret of longevity.

But if it really is the case that by a wise regimen, and by a diet so moderate as to appear ascetic, men may attain to fivescore years instead of the fourscore which the ancient Hebrew describes as the extreme limit of life, then we admit that the lives of all men who attain but fourscore years are cut short by careless living—at least where there is no especial constitutional defect to abridge the natural life. If this should, on inquiry, appear to be the case, a difficulty which has long perplexed physiologists would be removed. We find that in all the species of mammals except man the duration of life, apart from accident, exceeds about fivefold the time in which maturity is obtained. This is the average relation between the total length of life and the interval between birth and maturity. The law is tolerably uniform. The dog, for example, which attains its full growth and strength in about five years, seldom lives beyond twenty, while the elephant, which requires full twenty years to attain his full growth, lives for a century.

Of ourselves, however, who require the same time, or perhaps a year or two longer, to attain our full development, it has been said, as with authority, "The days of our years are threescore and ten, and though men be so strong that they live fourscore years, yet is their strength then but labor and sorrow, so soon passeth it away and we are gone." The Psalmist (this particular

Psalm is attributed to Moses) would probably have modified his opinion had there been men in his day, like our English Gladstone, the moulder of a State's decrees (to say nothing of his stalwart woodmanship) long after the threescore years and ten have passed; or Palmerston, prime minister in his eightieth year; or Brougham, full of strength when long past even the fourscore years. In Europe such men as Moltke and Bismarck show that the Psalmist's rule does not now hold good, whatever may have been the case in his time. But in our day, as in the days of old, the philosopher lives longer than the ruler, the statesman, and the warrior. The same age which has seen a Wellington die at eighty-two, and a Palmerston at eighty, has still living the physicist Chevreul at over one hundred, and has but lately lost the philanthropist Montefiore, who also had passed the century.

The common idea is, however, that longevity depends entirely on inherited constitution. Probably there is much truth in this idea; but it is not improbable that longevity is affected indirectly rather than directly by inheritance. It may well be that the descendant of long-lived folk is apt to be long-lived, not solely because he inherits constitutional peculiarities tending to length of life, but because he inherits qualities leading to temperance and abstinence, by which life is prolonged, or even simply because temperance and abstinence have been encouraged during his youth.

Considering the question of longevity from this point of view, the case of Louis Cornaro, which has always been thought most instructive, becomes full of encouragement.

In the first place Cornaro (who was born at Venice about the year 1467) was a man of weak constitution. Moreover, from the age of eighteen to that of thirty-five he pursued courses that would have seriously taxed the strongest constitution. Life at thirty-five was a burden to him because of the disorders brought on by riotous living and indulgence in every kind of excess. The next five years were passed in almost unrelenting suffering. He was told by his physicians, when forty years old, that nothing could prolong his life for more than two or three years, but that such life as remained to him might be less painful than the years he had recently lived, if he would adopt more temperate habits. If

ever there was a case where inherited constitution and an intemperate life threatened an early death, this was one. But, as events befell, it turned out that if ever there was a case where the life-preserving influence of wise regimen and abstemious habits was demonstrated, Cornaro's must be cited as especially significant.

At the age of forty, Cornaro began gradually to reduce the quantity of food, both liquid and solid, which he took each day, till at length he only took what nature absolutely required. He tells us that at first he found this severe regimen very disagreeable, and confesses that "he relapsed from time to time to the flesh-pots of Egypt." But by resuming his efforts after each failure, he succeeded, in less than a year, in adopting permanently a spare and moderate system. By this time he was already restored to perfect health. But thus far he had only followed the counsels of the physicians somewhat more steadily than they expected, or than is usual in such cases, and therefore with unexpected good results. It was after he had recovered his health that he went on to those experiments by which he seemed to show how life may be extended far beyond the Psalmist's allowance.

From temperance he proceeded to abstemiousness. Undeterred by the doubts of his physicians as to the wisdom of such a course, he diminished his daily allowance of food until the yolk of an egg sufficed him for a meal. Throughout the time when he was thus reducing his allowance of food his health and spirits improved. Nay, he tells us that his enjoyment in eating had increased; for he could now get more pleasure from a small meal of dry bread than he had ever obtained in the days of his excesses from the most exquisite dainties of the table. As regards regimen, Cornaro simply "avoided extremes of heat and cold, overfatigue, late hours, sexual excesses and all violent passions of the mind;" he took moderate exercise in the open air, and his chief pleasures were those obtained from literary and artistic study, the contemplation of fine scenery, noble buildings, beautiful combinations of color, and sweet music.

When Cornaro was within two years of fourscore his diet was regulated as follows: In four meals he took each day twelve ounces in all of solid food, consisting of bread (stale, of course,

for he was not weak-minded), light meat, yolk of egg, and soup; of liquid food other than pure water he took fourteen ounces of light wine. Thus his solid food, equally divided among four meals, amounted only to three ounces per meal, while he took, per meal, about three and one-half ounces, or, as nearly as possible, one-third of a tumblerful of claret or some other wine of the kind.

However, this extreme abstemiousness, as well as the special nature of the food, solid and liquid, consumed by Cornaro, must not be regarded as absolutely essential parts of his experience, so far as longevity is concerned. We may reasonably attribute his exceeding sensitiveness in regard to food to peculiarities of constitution. He tells us that his medical friends, deeming his allowance too small, urged him to add two ounces, daily, to his solid, and as many to his liquid food, a change which he adopted for a while, but had presently to discontinue, because his vivacity was destroyed, and he was becoming peevish and melancholy. But this, while it shows that Cornaro was exceptionally sensitive, and had, probably, a very weak constitution, only strengthens the evidence which his case supplies as to the advantage of temperance, and even abstemiousness. If one so weak could live the life of a very strong and hearty man merely by reducing his food to what many would call "starvation point," what resources there must be in an abstemious life for those of strong constitution who shorten their lives by what most men call simply full and generous living.

At the age of eighty-three, Cornaro wrote his treatise on "The Advantage of a Temperate Life," adding, later, three other discourses on the same subject. His fourth and last discourse, which appeared in a letter addressed to Barbaro, patriarch of Aquilia, was written at the age of ninety-five. In this he says he "finds himself still in possession of health and vigor, and in perfect command of all his faculties." According to some accounts Cornaro lived to the age of 104. But comparing Cornaro's remarks in his discourses with the best information we have up to the time of his death, which appears to have occurred in 1566, it would seem that he was either in his ninety-ninth or one hundredth year when he died.

How much Cornaro's abstemious ways had to do with his remarkable vitality may be inferred from the fact that having, when seventy years old, met with a terrible accident, by which his head and body were battered, and a leg and an arm dislocated, he recovered—though the physicians had pronounced his injuries fatal—almost without medical treatment, and without any feverish symptom.

In passing I may mention the case of Thomas Wood, known as "the abstemious miller," who, though he did not attain to remarkable old age, yet illustrated the advantage of such a system as Cornaro's for persons whose vitality has been reduced by gross living. Wood had grown excessively corpulent, and was suffering from a number of ailments, including violent rheumatism and frequent attacks of gout, when he read Cornaro's treatise, "A Sure Way of Prolonging Life." Gradually adopting the system there recommended, he soon found "his health established, his spirits lively, his sleep no longer disturbed by frightful dreams, and his strength of muscles so far improved that he could carry a weight of a quarter of a ton at the age of fifty, whereas at thirty he had not been able to move so much." He lost about one hundred and fifty pounds of his weight, but the exact amount is not known, as he was superstitiously unwilling to be weighed. Unfortunately, he was not content to follow Cornaro's experience, but tried absurd extremes of abstinence, absolutely going without liquid food altogether during the last sixteen years of his life.

His case, then, only shows what a burden is taken from the system when the quantity of food is reduced even far below what is commonly regarded as a moderate amount.

I have before me the records of no less than fifty-two centenarians, the details in regard to whom have been collected by a committee of the British Medical Association. Of the fifty-two no fewer than thirty-six (more than two-thirds) are women. This may probably be attributed, in large part, to the comparative immunity that women enjoy from many risks to which men are exposed; but probably it is due not less to their greater temperance, and their freedom from the anxieties and heart-burnings

which attend men's struggles for influence, and even for maintenance. Medical men contend, however, that women also possess greater inherent vitality than men, the mortality of girls being less than that of boys, even during the first year of life, when the female is neither more temperate nor less ambitious than the male, and is exposed to as many dangers.

Of the sixteen men one only was single; ten of the thirty-six women were single; fifteen men and twenty-six women, then, among the centenarians, were married; but, naturally enough, of these forty-one, a large number, all, in fact, but five, were widowed. Three of the fifty-two were rich, nineteen poor, the rest in comfortable circumstances; nine were fat (only one man), twenty-three lean, eighteen medium; only eight were full-blooded; the rest average or pale. Forty had good digestion, which, after one hundred years, means a good deal. Most of the fifty-two had good appetites, only two having appetites classed as actually bad; most of them had been through life moderate eaters; twelve, however, had eaten large quantities of food. Only one was returned as a large eater of flesh food, and only one as a great consumer of alcoholic liquors (in his case the liquor preferred was beer). Only eight of all the number were classified as simply "irritable," but to these must be added five classed as "irritable and energetic."

As to smoking, thirty-two were non-smokers, seventeen smoked much (four of them being women), three moderately, and two a little; only one chewed; thirty-seven avoided snuff. Most of the remaining returns, relating only to the actual condition of the fifty-two centenarians, at present are of no special interest, showing only that the same weaknesses prevailed, in almost the same degree, among them as we might expect to find among as many men and women of the average sort, between seventy and eighty years old. If only our fifty-two centenarians could have been examined twenty years ago, in these respects, the world might have obtained some useful hints. It is worthy of notice, however, that most of them were free from rheumatic and gouty troubles. The only man whose joints were stiff or deformed from such causes stated, in reply to questions as to his capacity and taste for strong drink:

"I always drank as much as I could, and I always will"—not a case, it will be observed, of "Willful will to water so Willful must wet," but of Willful would not to water and so wet his whistle to his own discomfort.

When we take a number of cases such as these, in all classes of life, under many varied circumstances, and not characterized by any special course directed toward the attainment of mere longevity (which might possibly be gained without any real advantage, all that makes life worth living being sacrificed for life's mere sake), most men not affected by specific disease, constitutional or inherited, may hope to attain to an age considerably exceeding threescore years and ten, or even fourscore years. It would appear, in fact, as though fivescore years were the natural or normal limit of human life, and that when men die many years before that age is attained, the fault, apart from malignant disease or accident, has lain with themselves. Underlying the old proverb, "Every man is a fool or a physician at forty," there is an important truth that it is in every man's power, if he is wise, to recognize early in life the requirements of his own constitution, and the means by which all such stores of vitality as it may possess may be utilized. An able physician said to me a short time ago, "In all my experience I have never known but one man who really died a natural death;" and he went on to explain that a man can only be said to die a natural death when he dies all at once, when the organs on which circulation, respiration, and nutrition all depend, all fail at about the same time; whereas one man dies because circulation fails, another because the respiratory organs give out, and yet another because stomach, liver, kidneys or bowels become unequal to their work. In fine, the secret of longevity lies in the attainment of a natural life, to be brought to an end by a natural death; and nearly every man, did he but give his vital powers fair chances, would find that, like

The wonderful one-hoss shay,
He was built in such a logical way
As to run a hundred years to a day,
And then of a sudden to pass away.

—Richard A. Proctor, in *Cosmopolitan Magazine*.

ABDOMINAL SURGERY AND HOW TO LEARN IT.

THE writer asks the reader to pardon the vanity which prompts him to begin his description of the technique of abdominal surgery with the story of his first introduction to the subject.

In 1872, I was a student in the University of Michigan, and hoped in the course of a few months to complete my studies and receive the degree of Doctor of Medicine. In the summer of that year, while visiting my home, I assisted an old practitioner, Dr. R. B. C. Newcomb, since deceased, in conducting his practice.

My duty was to look after the poorer patients.

One day I was requested to call upon a Mrs. K., the wife of a farmer, and mother of several children. She had been sick with dropsy for several years, her friends told me. She had consulted a quack in Ann Arbor, who was notorious for curing, or attempting to cure, disease by some mysterious process to me unknown. He had pronounced Mrs. K's malady dropsy, and I never surmised that anything else could be the trouble.

On making my first visit, she was found covered with a sheet and sitting in a chair, with her knees widely separated. Her abdomen protruded more than I ever should have thought possible. Her skin had a peculiar sallow appearance. The pulse was rapid and tongue furred.

For three months she had been unable to lie down and had taken all her sleep during this time in a semi-recumbent posture.

She was in the habit of visiting the quack once every week or ten days, but for some weeks had been too feeble to make the journey of thirty-five miles.

I was told that she had been tapped by Dr. Newcomb, some months before I saw her, and that at that time two wooden pails of water had been withdrawn. I examined her abdomen by percussion, and found dullness well marked over the apex and front portion. There was a tympanitic area above the groin, about the crest of either ilium. There was very distinct fluctuation.

There was no difficulty in satisfying myself that the abdominal cavity contained fluid, but never supposed that that fluid was

contained within a tumor or cyst, and after mature deliberation I thought the best thing to do would be to tap again.

I was prompted to this course particularly on account of the difficulty she experienced in breathing when attempting to rest in a horizontal position.

I used an ordinary trocar about the size of a slate pencil; pushed it through the front wall of the abdomen at a point about midway between the umbilicus and the symphysis pubis; on withdrawing the stylet, a dark, yellowish fluid discharged rapidly through the canula. In a few moments she began to feel very much relieved, and for a short time there was no limit to the blessings she poured upon my head.

Two large wooden pailfuls of fluid were withdrawn in this way, and after removing the canula the patient was placed in bed. Before putting a firm bandage about the abdomen, I was surprised to find that the abdominal cavity contained a mysterious something, the nature of which I could not comprehend, yet which I knew could not belong to the peritoneal cavity. On the following day I called again, and found her about the house, feeling much better, though assuring me that she felt just as well after having been tapped before, and that in a few days she would probably begin to fill up as she had after the previous tapping. I told her that in such an event we would try to do something more.

Three weeks later I was called and found the abdomen again enormously distended. She was no longer able to rest in a horizontal position, was very weak, and implored me to do something to relieve her. I examined the abdomen and found it in about the same condition as on my former visit. I again thought of tapping as the only remedy for her condition, and when about to undertake the operation I recollected a picture in an old surgical work, where a man was represented as having the operation of paracentesis abdominis performed. The surgeon was pictured thrusting the trocar through a small incised wound, which had been made through the abdominal integuments.

It appeared to me that by making a similar wound in this case before using the trocar, I could get a better idea of the nature of

the mysterious something which had been found in the abdominal cavity after all the fluid had been withdrawn by the last tapping. So, with the patient seated well forward in a chair, and a large dish-pan before her on the floor, with a straight bistoury, I made an incision through the integument in the median line at about the point where I had before passed the trocar.

So great was the distention of the abdominal walls, that little or no blood escaped. Before I was ready to use the trocar I was surprised to find that I had transfixed the abdominal wall and punctured a cyst, as the fluid escaped in a large stream. The pan filled rapidly and the abdomen decreased in size.

By pressing on either side of the incision, I was enabled to hasten the escape of the fluid, and when the abdomen was, I should say, about half empty, I was surprised to observe a whitish substance, which I had first supposed to be intestines, protruding through the wound. This I pushed back and kept within the abdomen by the aid of the canula and my finger, while the fluid again discharged rapidly.

On withdrawing my finger to further the escape of the fluid, this white substance again protruded and the discharge stopped. Examining it minutely, while attempting to restore it to the abdominal cavity, I was surprised to find an opening in it, through which a part of the fluid was being discharged.

I was now convinced that this something was not an intestine, or any viscus proper to the abdominal cavity, and when it again protruded I only pushed it back, and held it away from the abdominal opening with my finger to allow the fluid to escape. After the fluid had nearly all run out, the white substance again entered the wound, and I found myself unable to restore it to the cavity of the abdomen, so determined to withdraw it as far as possible.

After pulling gently upon this mass, which had wedged firmly into the abdominal wound, it began to move easily and tapered into a slender neck, along which I felt the pulsation of arteries. I now introduced my finger into the abdominal opening and followed up this neck of the mysterious tissue, until I found it had its origin in the left broad ligament of the uterus. Finding no

ovary upon that side, and sweeping my finger over to the right pelvic region, I had no difficulty in feeling a normal ovary, nor could I detect the least sign of disease in other parts of the abdominal cavity.

I was now convinced that I had to deal with a cystic tumor of the left ovary, and taking an ordinary silk ligature, tied it firmly around the pedicle close to the abdominal wound.

The cyst was now cut away, and the pedicle with the ligature returned to the abdominal cavity, the patient being, in the meantime, an interested witness of all that was done.

The abdominal wound was not over an inch and a quarter in length, and was closed by transfixing its margins, including the peritoneal surfaces, with a common darning needle, and fixing it in position with a figure-eight ligature.

But the one needle was used, and no other sutures were employed.

I can now make the story of this case brief by saying that Mrs. K. progressed to a happy recovery.

At the time this operation was performed, in the manner I have indicated, I had only heard in a general way that the abdominal cavity was in very rare instances opened for the removal of tumors, but what kind, whether ovarian or otherwise, I had never learned. The work of McDowell and others, with which all young surgeons are now so familiar, was to me a *terra incognita*.

On returning to my studies in the University, I related to the Professor of Surgery my experience in the case of Mrs. K., and asked him in regard to the operation of ovariectomy and of its legitimacy.

He told me he had performed the operation once with fatal consequences, that it was a measure of doubtful expediency, and that the few who had done such work were called derisively by the better class of practitioners "belly rippers."

That gentleman has since become the most frequent ovariectomist in the State, and is one of the ablest advocates of the operation in this country.

I had been led into my case step by step through circumstances

rather than design, but the success which I had achieved inspired me with a desire to become more fully acquainted with all its details.

Patients with ovarian or any abdominal tumors were not numerous in the village in which I lived. I read all that the few libraries to which I had access contained upon the subject of ovarian cysts, and was surprised to find such distinguished authors as Stark, in his "Allgemeine Pathologie," and the "Dictionnaire de Médecine," with all its notable writers, had devoted but very small space to the history and treatment of ovarian tumors.

The technique of the operations of abdominal surgery of fourteen years ago, was almost limited to the descriptions of the operations for the cure of hernia.

The fact that I had no large hospital at my command in which I could study the various diseases of the abdominal cavity, made it imperative that I should gain my information through other sources; my success in the case filled me with a desire, as strong, perhaps, as any youth has ever experienced, to perfect myself in the knowledge of the surgical diseases of the abdominal cavity, and the best means of treating them.

My first studies of an intentional character were confined to dogs. I fixed my dog in a trap, made by nailing some boards together in a V-shape, and making holes through which to pass ropes to tie him. The boards were four feet long and ten inches wide, and were fastened to end pieces, which secured the V-shape to the apparatus. When a dog was laid on his back in this trap, or trough, and his legs were tied to the sides and end pieces, he could not struggle away from the anesthetic, nor did his movements seriously interfere with the surgical manipulation.

I had been taught, as every other medical man in that day was taught, that the wounds of the peritoneum were mortal. To further test this matter and arrive at some definite knowledge of the amount of trauma which this very sensitive membrane would tolerate, I opened the peritoneal cavity of a dog, by making an incision in the median line of the abdomen. I then excised through this wound a portion of the intestine, and united the cut surfaces by interrupted sutures.

In this experiment I was guided by a description I had seen in an old surgical work, of a method of uniting the intestines, when they had been divided by wounds.

My studies were not minute and I united the cut surfaces of the gut together very much as a man would sew up a rent in his pantaloons, without much reference to the different physiological characters of the several coats of the intestines.

The dog died in a few days, and I was surprised, in making a *post-mortem* examination, to find a considerable quantity of the intestinal contents free in the abdominal cavity, they having escaped through the wound which I had closed imperfectly and improperly, in this, that I had neglected to properly consider the influence the various coats of the intestines might have upon the healing process.

I had attempted to unite two mucous surfaces together, and of course failed, because two mucous surfaces covered with normal mucous epithelium and normal mucous membrane were never intended by nature to blend together in the healing process.

Had I pushed the mucous surface into the cavity of the bowel and carefully approximated the peritoneal surface of the wounded intestine, my success would have been complete, because, as many subsequent experiments have shown, the function of the peritoneum appears to be to sustain and carry forward a large amount of plastic inflammation, for the repair of injuries to the intestines.

In the dog's case so much had the peritoneum been inflamed by the original wound and by the contents of the intestines, which had been turned into the peritoneal cavity, that large masses of the peritoneal surfaces and intestines were glued together by huge flakes of organized lymph, which had exuded from every part of the peritoneum that had sustained any damage.

I could plainly see that nature had attempted by this copious peritoneal exudation to cover up and heal the mucous areas which I had deliberately, but not intentionally, made in the intestinal wall.

ACUTE PERITONITIS.

My next experiment was the artificial development of a general peritonitis. I was anxious to see how the peritoneum would behave when attacked with general inflammation such as I had seen described as following in the wake of operations in the peritoneal cavity.

My first experiment had resulted in a very extensive inflammation, although remote parts of the peritoneum did not appear to have been in any way affected by the injury and its consequences. So with my second dog I simply lifted the abdominal wall between my fingers to hold it away if possible from the abdominal viscera while I inserted an ordinary hypodermic syringe, by means of which I injected into the peritoneal cavity about half a drachm of aqua ammonia.

This injection was followed by an exhibition of most intense pain. Every instrument of expression, every organ that was capable of indicating pain, was excited to the highest degree. I could not but shudder, though moved by the most enthusiastic desire to discover a means of relieving an almost invariably fatal disease in men, at the anguish depicted by the suffering brute.

This intense pain was not for a few moments only, but continued for hours. The respiration rapidly increased in frequency. The eyes seemed to sink back into the head of the animal; as the distention of the abdomen increased with gas, a touch, no matter how gentle, upon the abdominal surface provoked a cry.

Food was not taken. Vomiting came on, increasing in frequency till the dog died, about twelve hours after the injection.

An autopsy showed the peritoneal membrane very much reddened, and a considerable quantity of reddish-colored fluid free in the peritoneal cavity; the ammoniacal odor had entirely vanished.

In some parts of the abdominal cavity the peritoneal surface of the intestine was covered with flakes of adherent lymph, but the main feature of the case was the considerable quantity of reddish-yellow fluid which, as I remarked before, was free in the peritoneal cavity, and which was probably the result of transuda-

tion through the peritoneal blood-vessels, for no solution of continuity existed in any part of the abdominal cavity.

UNION OF ABDOMINAL WOUND.

My next experiment was performed upon a large-sized dog, with the object of ascertaining the best method of uniting the abdominal wound; accordingly I made a free incision and after making a thorough digital examination of the abdominal cavity, I proceeded to close the wound by sutures passed as follows: In the upper part of the wound they were made to embrace the integument and muscles at about one-half an inch from their cut margin, and excluded the peritoneum, which was left to unite without the intervention of art. In the lower part of the wound the sutures were made to embrace the peritoneum as well as the skin and muscles—all the tissues of the abdominal wall—so as to bring two peritoneal surfaces in contact.

Following this operation the dog appeared quite ill for forty-eight hours, at the end of which time he seemed to improve, took more notice of his surroundings, and ate some food. At the end of a week he had developed a vigorous appetite, and pulled all the sutures from the wound with his teeth. I felt that he was thoroughly convalescent, and in order to note the difference in the two methods (extra and intraperitoneal) of passing the abdominal sutures, it became necessary to kill him. This was done by puncturing the medulla oblongata with an awl.

On opening the peritoneal cavity by a transverse incision across the front wall of the abdomen, I observed the following conditions: The lower portion of the original wound was completely closed by a firm, narrow cicatrix which showed as a straight white line. At the points where the sutures transfixed the peritoneum were small masses of lymph.

In the upper part of the wound that had been treated by the extra peritoneal method the muscles and integument being united by sutures which left the peritoneum widely asunder, the intervening space was filled with large masses of lymph which had been thrown out to fill the gap between the cut surfaces of the peritoneum. The adjacent intestines were adherent to the wound.

The conclusions from this experiment were, that in closing the abdominal wound, it was always best to carry the needle through the integument, muscles and peritoneum, in such a way as to bring the two surfaces of the peritoneum with the cut portions of the integument and muscles in contact; also, that where the peritoneal surfaces were not approximated by sutures, there was great danger of developement of hernia.

In subsequent experiments upon other animals, chiefly rabbits and dogs, I opened the abdominal cavity by making a free incision in the median line of the abdomen, dividing integument, muscles and peritoneum. These wounds I closed by approximating the integument and muscles only, leaving the peritoneum widely asunder. I found in every instance treated in this way, that large hernial protrusions followed. We may say safely that the peritoneum is a guard against abdominal hernias.

In cases of femoral and inguinal hernia, where efforts more commonly made to suture the surfaces of the hernial sac, a radical cure would more frequently follow the operation for relief of strangulation.

ABDOMINAL MUSCLES AND HERNIA.

The anatomy of the abdominal muscles is important in studying the effect of injuries of the abdomen. The way in which one set of muscles braces the other set, the fibers of the external oblique, internal oblique, and transversalis crossing at nearly right angles, makes the best possible support for the abdominal contents, and meets all the considerations of strength and mobility. If any one set of these muscle fibers be divided, the consequence is a great weakening of the abdominal wall and threatened hernia.

In the few experiments which I made upon dogs, for the purpose of ascertaining how far it would be possible to check the phenomenon of coughing, by dividing abdominal muscles, I had occasion to divide the rectus abdominis and the external oblique with a tenetome. Such wounds healed quickly and without leading to hernia, but when I divided the deeper layers of muscles with a view of further checking the action of the abdominal

muscles, in a fit of coughing, the peritoneum quickly bulged out into the opening caused by the divided muscles, and made a ventral hernia.

A knowledge of the relation of these muscles to each other is of importance for the radical cure of hernia. If pains be taken after the hernial sac is restored to the cavity of the abdomen, to split and break up the sheaths of the several muscles about the hernial openings, and sutures be so applied as to force one muscle over another muscle, one tendon over another tendon, the abdominal rings would be perfectly closed, the muscles caused to adhere together so that the cure of the hernia would be radical.

LAPAROTOMY FOR HERNIA.

A brief study of the abdominal muscles is incomplete without a few words in regard to the operation for the relief of strangulated hernia.

The relation of these abdominal rings, so-called hernial openings, to the gut is such in the majority of hernias that, so far as the correct method of dividing the point of constriction is concerned, very little attention is paid to, and, indeed, very little arrived at, from a study of the normal anatomy of the parts.

The advice in cases of hernias above Poupart's ligament, to divide upwards, is based solely upon the fear of wounding the arteries which may encircle the hernial sac. In the matter of femoral hernia, or hernias below Poupart's ligament, the general advice is to divide the constricting point by cutting against Gimbernat's ligament in a direction inwards and upwards. In this case the danger of wounding the femoral vein or the saphenous vein, or any of the arteries of an irregular origin, is so great, and the danger which follows hemorrhage into the peritoneal cavity so certain, that the writer believes that it is better surgery to relieve the constrictions of the bowel in these cases by dividing them from the peritoneal side. To do this it is, of course, necessary to make a laparotomy, instead of opening the abdomen through the groin.

The line of safety, the median line of the abdomen, is safe because there is no danger of wounding any important blood-vessels or muscles. The constricting fibers of hernia can be more easily

divided through it and from the interior of the abdomen, than from the exterior and through the important muscles.

This the writer knows, not from experiments on dogs alone, but by repeated successful operations upon human sufferers.

ENTEROTOMY FOR GUN-SHOT AND BAYONET WOUNDS.

The next subject for study is that known technically as enterotomy. It means the cutting away of any portion of the intestine which may have been rendered incapable of performing its functions.

To learn how to do this work so as to get the smallest number of failures, it is necessary to make repeated trials upon the lower animals.

Take, for example, the treatment of gun-shot wounds of the intestines. I used a small, common rifle, carrying a 22-caliber ball, for my experiments. I fired it so as to traverse the abdomen from right to left, aiming to fire sufficiently low to avoid the liver, and was distant about twenty feet from the dog, which was rendered quiet by anesthesia, so that my aim was certain. After wounding the dog I opened the abdomen by a section in the median line, and found the intestine perforated in eight different places. Also two wounds in the parietal peritoneum.

Hemorrhage from some of these wounds, particularly three which traversed the mesentery, was copious, and would have been fatal had I delayed my abdominal section longer. The hemorrhage was at once controlled by legating the bleeding arteries. The intestinal wounds proper were treated by folding the mucous membrane which protruded through the peritoneal investment of the opening, back into the cavity of the bowel, and passing the sutures through the peritoneum in such a way as to close the wound, by approximating two peritoneal surfaces. A large number of sutures were required to close all of the intestinal wounds. After the sutures were tied the knots were cut short. The material used was fine carbolated silk.

This animal recovered, and a subsequent *post-mortem* showed that some of the sutures had sloughed through into the cavity of the bowel and had been carried away, while others were encysted.

BAYONET WOUNDS.

Another dog received a bayonet wound, transfixing the abdomen from right to left. The weapon used was a sharp, triangular-shaped bayonet, peculiar to the old Belgian muskets; its greatest diameter was about one inch.

It was carried through the abdomen of the dog to where the bayonet measured about three-fourths of an inch. After withdrawing it two hours elapsed before any treatment was resorted to. Then the abdomen was opened by a section in the median line. The cavity of the peritoneum was found to contain a considerable quantity of intestinal matter, which was carefully removed, and found to have issued from four wounds which the bayonet had made in the intestinal wall. These wounds were closed by sutures passed in the same manner as in the preceding case. The wounds in the parietal peritoneum were also closed by sutures, fine carbolated silk being used for the purpose.

The abdominal section was closed with the same material.

This dog did well until the second day, when he exhibited signs of serious disturbance and died the following day. The autopsy showed that the intestinal wounds were pulled up to the parietal peritoneum and that they adhered also to the sound portion of the bowel by a plastic exudate that had sealed them perfectly.

There was no escape whatever of intestinal matter into the peritoneum, the union of the intestinal wounds by suture having been absolute. Some bloody serum was present in the abdomen.

Had this operation for the closure of the intestinal wounds been made earlier, the chances of recovery would have been much greater.

VARIOUS INTESTINAL SUTURES.

A good deal of discussion has been indulged in by various writers on intestinal surgery, as to the best kind of suture with which to unite intestinal wounds. I have made on rabbits a large number of abdominal sections, excising a portion of the intestine and uniting the surfaces in various ways by means of suture, with the object of ascertaining what particular kind of suture was most likely to give the best results and secure the most perfect union of the wound.

These experiments need not be mentioned in detail, but the results established beyond doubt in my mind the fact that a suture of the intestine should pass through the peritoneum, and the fibrous coat of the intestine, and not penetrate the mucous membrane. It should begin about one-fourth of an inch from the margin of the intestinal wound and should come out through the peritoneum at the edge of the intestinal wound. It should then be carried across the wound and again penetrate the peritoneum near its edge, and emerge after embracing about a quarter of an inch. When it is tied two surfaces of the peritoneum are approximated. The mucous membrane is thrown into the bowel and the cut surfaces of the peritoneum are in perfect apposition.

The sutures should be of fine material, and should be introduced at intervals of one-fourth of an inch. A suture of this kind I have never known to permit the escape of intestinal contents, and if sloughing occurs it is most likely to open into the cavity of the intestine.

It sometimes becomes necessary to divide the intestine in its long diameter for the removal of foreign bodies, and in that case the same principles, so far as approximating of the cut surfaces of the intestine is concerned, should be carried out.—*Hal C. Wyman, M. D., in Medical Age.*

(*To be continued.*)

KUMYSS IN A CASE FROM PRACTICE.

MRS. A., aged 30, became pregnant in February, 1886, and in April injected into the uterine cavity a solution of soda in water for the purpose of bringing on a return of the menses or emptying the womb of its contents.

This was followed by severe and repeated vomiting of bile and all food and liquids, which vomiting proved rebellious to all known remedies, including both schools of practice, both by stomach, rectum and hypodermically. The vomiting followed immediately on taking the least particle of food or drink into the stomach. Medicines could not be given in water without being ejected immediately. After the stomach was emptied of its food, the vomited matter consisted of bile turned green from the action of the stomach juices upon it. A teaspoonful of spring

water would be immediately thrown up. This state of affairs run on for a month, the patient in the meantime being partially nourished by rectal enemas. At this point the rectum became intolerant of injections. All this time the patient vomited repeatedly several times an hour for the twenty-four hours. There being a slight retroflexion the reposition of the uterus was followed only by slight relief. The patient became rapidly emaciated so she was a mere skeleton. In order to save the life of the mother the writer advised emptying the womb of its contents.

Before resorting to this, however, the use of kumyss was suggested by a neighboring physician. The writer prepared some from cows' milk. The first dose of a tablespoonful was immediately ejected. Another dose of one teaspoonful was given, which was retained—the first and only thing that had been retained for six weeks. This she continued to take in increasing doses until the stomach would bear two tablespoonfuls, never any more, at intervals of from two to three hours. This was all she could retain till after the fifth month. During this time she took about forty quarts. After the fifth month the patient could only take liquid food, and was emaciated and miserable till October, when she gave birth to a healthy, nine-pound boy.

Two hours after delivery she took a half glass of milk and retained it, and the following morning ate a piece of beefsteak and bread, and made a rapid recovery, and is now healthy and well.

What the result of emptying the womb might have been, no one can tell; suffice it to say that kumyss saved the woman's life. There was no hepatitis or gastritis except what was from reflex causes.—*F. P. Warner, M. D., in N. Y. Medical Times.*

MISCELLANEOUS PARAGRAPHS.

DR. J. W. OLIVER has visited the JOURNAL office recently. He has changed his location from Santa Barbara to Arroyo Grande.

DR. J. G. MURRELL has lately honored the metropolis and his alma mater by a visit. He also has contributed an article for the JOURNAL and promises more in the future. This is right. To the general practitioner we look for interesting and instructive reports from the field of practice.

CARBONATE of lime is now recommended for cancerous growths. Dr. Hood asserts that a three months' treatment will arrest the growth of carcinoma.

THE root of the melon vine has lately been recommended as a substitute for ipecac; its therapeutic properties are said to be very similar. Who will experiment with it and report the results?

WE are indebted to the *Medical Record*, of New York, and the *Medical Register*, of Philadelphia, for very full and interesting reports of the proceedings of the Ninth International Medical Congress.

TO DISGUISE THE ODOR OF IODOFORM.—Roasted coffee masks the odor of iodoform most completely. It does not interfere with the medical action of the iodoform in the least, and is in every way fitted for this use.

DR. FEARN has received from the East a consignment of Lloyd's Asepsin or Nascent Wintergreen. The article is recommended by Professor Howe, and others, as an efficient and decided antiseptic. Price, \$1.00 per ounce.

THE TREATMENT OF A STYE.—M. Abodil recommends a three per cent solution of boracic acid for stytes. With a wetted piece of wadding some of this solution is to be dropped on the stye several times a day. It is said not only to effect a cure but to prevent a return of the annoyance.—*Canada Medical Record*.

THE newspaper controversy engaged in, between Drs. Beam and Potter (eclectics), of Johnstown, Pa., on the one side and Dr. Wagoner (allopathic), Secretary of the Cambria Medical Society, on the other, is interesting reading. Dr. Wagoner evidently opened the ball with the idea of injuring a successful competitor and putting a feather in his own cap. A discriminating public will, undoubtedly, see through his little scheme, and discount him with a vengeance.

ITCH OINTMENT—UNG. NAPTHALI COMP.:—

R Naphthali, 15 parts.
 Saponis virid., 50 parts.
 Adipis, 100 parts;
 Pulv. cretæ, 10 parts.

This is an effectual ointment for the cure of scabies. The patient is anointed with this salve without any previous bath, and usually once is sufficient to destroy the acari. As a further advantage it is colorless and odorless, and leaves the skin soft and supple.—*American Medical Journal*.

SEASICKNESS.—A Boston man who has crossed the Atlantic fifty-two times, and has been seasick each time except the last, explains the exception as follows: "I took a rubber bag with me some twelve inches long and four inches wide, with an iron clamp to close the mouth of the bag, and filled it with small pieces of ice every morning (the steward brought me the ice in a bowl), and applied it on the spine, at the base of the brain, down between my shoulders, for say half or three-quarters of an hour; or, rather, I lay on it pressing it against the spine. It had a most soothing effect, so that frequently I fell asleep while under it, and afterwards felt braced up for the day, enjoying every hour and every meal."—*Philadelphia Telegraph*.

RUMEX CRISPUS IN DIARRHEA.—In case of a lad troubled with diarrhea, which uniformly came on after a night's sleep, and was characterized by a succession of stools in the forenoon, attended with but little pain, Rumex 6th effected a speedy cure. And also in the case of a lady subject to cough and diarrhea past midnight. She was frequently awakened about two or three o'clock in the morning by a tickling cough, which was followed by several profuse, offensive, and watery evacuations. After trying several remedies which failed to cure her, Rumex 6th was given with good effect. I have found this remedy useful in the treatment of children suffering from diarrhea worse in the morning, when no cough was present, and when the stools were of a dark and colliquative character.—*Small*.

PSYCHOMETRIC EXAMINATION OF YERBA MANZA OR ANEMOPSIS CALIFORNICA.—This tincture is a remedy to be used in heart troubles. It seems to increase the action of the heart, as a cardiac stimulant. Would be good in debility of the heart, in a low, debilitated state from fever. It acts favorably on the alimentary canal, and is quieting on the nervous system, counteracting hysteria and melancholy. Good in nervous headaches, or neuralgia of face and jaws. Good in dysmenorrhœa, and rather better for women than men. Has a favorable influence on the pregnant state. May be used as a lotion. It is a good, strong remedy.

(Mrs. C. H. Buchanan, psychometer, questioned by)

PROF. J. R. BUCHANAN, M. D.

SUCCESSFUL GASTROTOMY.—We are indebted to the Paulding (Ohio) *Democrat* for the following item: "A couple of weeks ago Henry Banks, who resides in Paulding County, noticed that one of his young chickens appeared to be sick, and supposed it had the cholera, until Mr. Diehl, of Hicksville, happened along

and expressed the opinion that the chicken had something in its craw, whereupon he and Mr. B. proceeded to perform a surgical operation on the craw of the said chick. They cut the craw open with a penknife, and found lodged therein a popcorn cob four inches long, which they removed and sewed up the wound. The patient rapidly recovered, and will no doubt live to a tough old age, when it can stand on one foot and wink wisely at younger birds, as if to say, 'Don't bite off more than you can chew.'"

SULPHATE OF NICKEL IN HEADACHE.—A lady was subject to periodical attacks of headache, which lasted three or four days, every two weeks. The pain seemed to be the most acute at the root of the nose, extending to the vertex and through the temples. She had some nausea, but no vomiting. She was unable to raise her head from the pillow when the attack was upon her. The distress was so great during the paroxysms that she lay and groaned in anguish. After administering cuprum, ignatia, sepia, calcarea, sulphur, and other remedies, without effect, gave a two-grain dose of the 3d trituration of the sulphate of nickel, and the succeeding paroxysm was lighter. Repeated the remedy every day during the period. The next attack was comparatively light, and after this there was no return for four months—a respite which she had not enjoyed for ten years.—*California Homeopath.*

A NOVEL DEPARTURE IN ADVERTISING.—Believing that the advertising of medicinal preparations often fails of its purpose, viz., to clearly and intelligently present to physicians their special advantages, pharmacal or therapeutic, on account of the fragmentary and imperfect manner in which the facts are usually conveyed in such advertisements, Parke, Davis & Co. propose to inaugurate rather a novel departure in advertising. It is their intention to publish in the advertising pages they occupy in medical journals a series of what they term plain talks to physicians, in each issue taking up a certain class of preparations and pointing out the reasons why they deserve to be prescribed, until all their preparations shall have thus been presented. The excellence of the products of this house are well known, and it is to be presumed that their long experience in the manufacture of medicines will enable them to say in these informal talks something of real interest and benefit to their medical friends.

I HAVE been prescribing Tongaline some time in rheumatic troubles, and must say I am highly pleased with the results obtained.

F. BARRETT, M. D.

Kennebunkport, Me.

Horsford's Acid Phosphate.

THERE are no substances that play a more important part in animal economy than the phosphates. Every mental exertion induces an augmented waste of the phosphates. Wherever there are functions that seem to be suspended, we may be almost sure to find it occasioned by want of phosphates. Horsford's Acid Phosphate supplies that waste, and imparts new energy to the brain, gives the feeling and sense of increased intellectual power, and tones and braces up the whole system.

Chronic Alcoholism.

I HAVE fully tested the merits of Celerina and find it the very best remedy in chronic alcoholism, and in nervous debility of any kind. Mr. K——, barber, aged 30, came to my office December 28, 1886, suffering from the effects of a debauch. I had placed him on Celerina alone, commencing with small doses and increasing until I had its full effect. The effect of the drug was like magic. He recovered, and has never drank a drop since. In conversation with him recently he told me that when he was troubled with his old thirst for drink he simply had but to take a dose of the Celerina and it would at once disappear. He had been a hard drinker for ten years, and at one time had an attack of delirium. Case No. 2: Mr. J——, merchant, aged 28, came to my office, March, 1887, suffering with nervousness and troubled with insomnia, as a result of a protracted spree. He told me that he had not slept for three days and nights. I placed him on large doses of Celerina, with a very happy result. He slept well most of the night, and rested well next day, and by pushing the treatment I now succeed in effecting all that could be desired. In conclusion I am happy to say that I can and do heartily recommend it in all such cases. These two cases will suffice for the present, but I could cite you several other cases, as I use it exclusively in all cases of alcoholism and nervous debility.

G. M. VAN AURDALL, M. D.

Jamestown, Ind.

BOOK NOTICES.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By William A. Hammond, M. D., Surgeon-General U. S. Army (retired list), Professor of Diseases of the Mind and Nervous System at the New York Post-Graduate Medical School, etc. Published by George S. Davis, Detroit, Mich.

This is a well-gotten-up work of something over three hundred octavo pages handsomely bound and embellished, in which Professor Hammond discusses the subject of male and female impotence in a masterly and instructive manner. To the average practitioner this little work will be "worth its weight in gold," to use a hackneyed expression, for it throws a flood of light on many intricate problems presented to him in which he is entirely at sea so far as any information from ordinary text-books is concerned. Referring as it does to functions so important, so liable to abuse, the perversion of which gives rise to so many obstinate and obscure nervous affections involving mind as well as body, the work is of high order of merit, for the description of the management of the cases described is entered into fully, rationally and concisely.

The style of the author is also commendable; not once does he lapse into tediousness or prosiness. He drives straight at the mark, and knowing when his subject has been fully canvassed, knows where to stop.

ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA, by J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, \$4.00. William Wood & Co., New York.

This work now lies upon our table replete with new ideas and successful management of the above-named diseases by the author. Gives symptoms and treatment of gleet, gonorrhœa in the female orchitis, gonorrhœal rheumatism, also gonorrhœal affections of the heart and pericardium, the peritoneum, dura mater and sheath of the spinal cord and pleura; gonorrhœal pyæmia, pyelitis, etc., not taken into consideration in the earlier editions, are now added for the first time.

A PRACTICAL TREATISE ON OBSTETRICS. Vol. III (4 vols.). The Pathology of Labor. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. III of the "Cyclopedia of Obstetrics and Gynecology" (12 vols.), issued monthly during 1887. Price of the set, \$16.50. New York, William Wood & Company.


This is a volume of 348 pages devoted to dystocia and the uses of ergot in labor. The quality is identical with the numbers preceding so far as mechanical particulars go, and this is equivalent to the assertion that it is first-class in every respect. One would hardly expect the consideration of difficult labor to occupy an entire volume, yet there is no useless verbiage in this work. It is devoted to the discussion of important and vital points concerning the subject in hand.

A PRACTICAL TREATISE ON OBSTETRICS. Vol. IV. Obstetric operations. The pathology of the puerperium. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV of the "Cyclopedia of Obstetrics and Gynecology" (12 volumes), issued monthly during 1887. Price of the set, \$16.50. New York, William Wood & Co.

This volume completes a most valuable treatise on obstetrics, and one hardly to be obtained in any other form at so little cost. The details of obstetric operations are here fully discussed, and if there be any doubt in the mind of the practitioner as to a particular maneuver in an obstetric operation, he has only to turn to this volume, which is so complete as to almost insure the presence of a full description of all the details. Diseases of lying-in women are also fully discussed. The American editor differs with the author in the matter of the treatment of these conditions, and the reader will be enabled to compare regular medicine of America and France as he peruses. Therapeutically the value of this work would be enhanced by additions by an eclectic author.

DRUG ERUPTIONS, a clinical study of the irritant effects of drugs upon the skin. By Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases; Consulting Surgeon to the Bellevue Outdoor Department, etc., etc. Octavo, 206 pages, one lithographed plate. Extra muslin. Price, \$1.75. William Wood & Co., New York.

The general proposition that the physician should be familiar with the effects of every drug that he employs in the treatment



of disease is axiomatic. He should not only be acquainted with the drug's normal, typical mode of action, but also with its abnormal or incidental effects, the more especially since, in the case of drugs, as in the phenomena of every-day life, it is often the unexpected that happens. This work should, therefore, be obtained by every member of the profession, and to its perusal should be given ample time.

ELEMENTS OF BOTANY, including organography, vegetable histology, vegetable physiology and vegetable taxonomy, and a glossary of botanical terms, illustrated by nearly five hundred engravings from drawings by the author, Edson S. Bastin, A. M., F. R. M. S., Professor of Botany, Materia Medica, and Microscopy in the Chicago College of Pharmacy. Cloth, octavo, 300 pages. Price, \$2.50. G. P. Engelhard & Co., Chicago, 1887.

This work is worthy the notice and patronage of teachers and students of botany, especially those students who are beginning the study. The author has labored to adapt it particularly to this class of students by excluding technicalities so far as consistent with thoroughness and brevity; and where it has been necessary to introduce technical descriptive terms, these have been explained in the text.

The author is a well-known and successful teacher upon this subject, and is therefore qualified to present it in an acceptable manner. We recommend it to those of our readers who desire to investigate our indigenous materia medica from a botanical standpoint.